

TITLE 8. DEPARTMENT OF HEALTH AND SENIOR SERVICES
CHAPTER 90. OFFICE OF THE OMBUDSMAN FOR THE INSTITUTIONALIZED
ELDERLY PRACTICE AND PROCEDURE RULES
APPENDIX A

N.J.A.C. § 8:90-2, Appx. A

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OMBUDSMAN DISCLOSURE CONSENT FORM

In New Jersey, persons over the age of 60 who reside in licensed facilities are fortunate to have an individual appointed by the Governor whose responsibility it is to promote, advocate and ensure the adequacy of care and quality of life you experience. This individual is the Ombudsman for the Institutionalized Elderly. One of the Ombudsman's roles is to investigate complaints of abuse and exploitation. Should such a complaint ever arise, this form gives you or your judicially-appointed guardian the power to authorize the release of any findings of any investigation of this nature to the person(s) you or your guardian choose.

In the event of an investigation by the Ombudsman relating to my care, I hereby authorize the Ombudsman to release the results of such an investigation to the following person(s):

(1) Name:

Address:
.....
.....

Telephone:

(2) Name:

Address:
.....
.....

Telephone:

The Ombudsman shall not be required to disclose the results of any investigation to any person other than me, a guardian appointed for me by a Court, or the person(s) named on this consent form.

Signed:

Date:

Witness:

Note: This form is to be completed ONLY by the resident or a judicially-appointed guardian of the person of the resident. Neither a "responsible" party nor a holder of the resident's financial or health care power of attorney has the legal authority to complete this form.